

**DEPARTMENT OF HEALTH SERVICES**714/744 P STREET  
SACRAMENTO, CA 95814

(916) 445-1161



February 10, 1983

CMSP Letter 83-2

**To: County Welfare Directors**

This letter describes the administrative cost reporting requirements and procedures for the County Medical Services Program (CMSP) contract counties and all other counties who determine eligibility for county indigent medical services through the county welfare department.

As a condition for receiving eligibility determination funding for county indigent medical services, the State requires each county to report its actual administrative costs associated with determining eligibility for county indigent medical services. County eligibility determination costs will be reported on an annual basis as part of the county's AB 8 health services plan which is submitted to the State Department of Health Services. In addition, both CMSP counties and all other counties who will determine county indigent medical services eligibility through the welfare department will be required to report such eligibility determination costs through the county welfare department's quarterly administrative claim which is submitted to the Department of Social Services (DSS). Such eligibility determination costs will be identified based on eligibility timestudy procedures specified in Division 25 of the DSS Manual of Policies and Procedures.

We have worked with the DSS' Financial Management Services Branch to modify the Eligibility and Nonservice Timestudy Form (DFA 43) so that county eligibility workers can separately identify time which should be charged to the Medi-Cal program versus time which should be charged to county's indigent medical services program. The County Medical Services Program (CMSP) timestudy lines should be used by both CMSP contract counties and all independent counties who will use county welfare department staff to determine eligibility for the county's indigent medical services program.

In order to identify the potential federal linkage of indigent or medically needy persons contacting your Department for assistance after January 1, 1983, we have developed a brief screening questionnaire (CMSP 1153) which should be used at the beginning of the application process. It will assist eligibility workers in identifying those persons for whom Medi-Cal applications should be taken; i.e., persons who may meet federal Medically Needy Only (MNO) linkage criteria or who would continue to be eligible for Medi-Cal because of pregnancy or residency in an intermediate care/skilled nursing facility (ICF/SNF). A copy of the revised questionnaire is attached for your use.

The questionnaire accomplishes the above by requiring eligibility workers to indicate if the applicant is under 21 or over 65 years of age, if he/she is disabled, blind, pregnant, a refugee, or living in an ICF/SNF, or if there is a child under 21 years of age living in the home. If there is a minor child living in the home, the questionnaire indicates that several more questions

should be asked to determine if potential AFDC deprivation exists. Based on the use of this screening questionnaire, eligibility worker time will be allotted as described below:

1. When an applicant answers "yes" to any of the questions on the screening questionnaire, indicating that federal linkage may exist or that the applicant is pregnant or lives in an ICF/SNF, a Medi-Cal application will be taken and the eligibility worker's time will be charged to the Medi-Cal line item on the DSS Eligibility and Nonservices Timestudy Form (DFA 43).
2. When an applicant answers "no" to all of the questions on the screening questionnaire, indicating that no potential Medi-Cal linkage exists, an application for county indigent medical services programs will be taken and the eligibility worker's time will be charged to the CMSP line item on the DFA 43.
3. If the applicant entered the United States as an officially designated refugee or Cuban/Haitian Entrant and has resided in the United States for 19-36 months, the eligibility worker's time will be charged to CMSP-Refugee or CMSP-Cuban/Haitian Entrant as appropriate

Please call Mary Conway or Jacquie Duerr of my staff at (916) 445-0188 if you have any questions about the enclosed screening questionnaire or about timestudy and administrative cost reporting requirements and procedures for the county indigent medical services program.

Sincerely,



Michael L. Rodrian, Chief  
Information and Technical Support Section  
Office of County Health Services and  
Local Public Health Assistance

Attachment

cc: CMSP Contact Persons  
Health Officers  
Medi-Cal Liaisons  
Eligibility Branch

COUNTY INDIGENT MEDICAL SERVICES PROGRAM/MEDI-CAL LINKAGE EVALUATION

To help us determine your eligibility for medical assistance through the Medi-Cal Program or the County Medical Services Program, please answer the following questions:

1. Are you under 21 years of age? Yes ☐ No ☐
2. Are you 65 years of age or older? Yes ☐ No ☐
3. Are you legally blind? Yes ☐ No ☐
4. Are you unable to work because of a physical or mental illness, disability, or impairment that is expected to continue for longer than one year? Yes ☐ No ☐
5. Have you applied for Social Security disability or SSI/SSP benefits within the last six months? Yes ☐ No ☐
6. Are you pregnant? Yes ☐ No ☐
7. If you are a refugee or Cuban/Haitian entrant, have you lived in the United States for less than 19 months? Yes ☐ No ☐
8. Is there a child younger than 21 years of age living in your home? Yes ☐ No ☐  
If yes, is one of the child's parents:
  - a. Deceased? Yes ☐ No ☐
  - b. Not living in the home? Yes ☐ No ☐
  - c. Unemployed? Yes ☐ No ☐
  - d. Over 65 years of age? Yes ☐ No ☐
  - e. Legally blind? Yes ☐ No ☐
  - f. Unable to work because of a physical or mental impairment that is expected to continue for more than one month? Yes ☐ No ☐
9. Do you live in a nursing home? Yes ☐ No ☐

If one or more of the above questions is checked "yes", review for Medi-Cal eligibility. If all of the questions are checked "no", review for County Medical Services Program eligibility.

CMSP 1153

OCHS/41:12/82

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